Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>7-3-2008</u>	Address:	CR 850 N@350E
Case #:	<u>22-43315</u>		
County:	<u>Noble</u>		
Type of Laboratory Scizure (check one) Operational Lab Chemical/Glassware/Equipment (only)		Seizure Location (c Residence Outbuilding	☐ Hotel/Motel ☑ Open – No Structure
Dumps		☐ Vehicle	Other:
(check all t Lithium Red Ph Flamm Water Anhyd Ilydrod Corros Corros	nd: Location (bedroom, kitchen, open at hat apply) n/Ammonia Reaction(s): Open osphorous/Iodine Reaction(s): able Solvents: Reactive Metal (Lithium): rous Ammonia: chloric Acid Gas Generator(s): Open ive Acid: ive Base: (item and location):		
Yes No *If yes, fax	ler age 18 discovered (check one) (number present) report to Child Protective Services	☐ Ephedri ☐ Retail/M ☑ Other: <u>C</u>	ye Information ne/Pseudoephedrine Tracking Log Ierchant Tip itizen tip
This report is to be faxed to the following agencies that serve the location:			
	rtment: <u>Kondallville</u> epartment: <u>Noble Co</u>	Fax: <u>260-</u> Fax: <u>260-</u>	<u>636-2192</u>
	tection Service:	Fax:	_
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Jeremy Woods</u> Phone <u>765-369-2561</u>			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sont to the Claudestine Laboratory Team Leader for retention.